



Registration n.

Group

*Reserved to ASD Bocconi Sport Team*

## BOCCONI SOCCER CUP 2014

### TEAM REGISTRATION FORM

**Name of team** \_\_\_\_\_

**Captain:**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Cell phone \_\_\_\_\_

Email \_\_\_\_\_ (please print clearly)

**Team:**

1. \_\_\_\_\_ (captain)

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

I declare that I have read and accept the regulations and calendar

Signature \_\_\_\_\_